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Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).				Complete if Known				
PE				Application Number 10/810,498				
S' FEE TRANSMITTAL				Filing Date	March 26, 20	04		
<sub>114 15 1001</sub> gfor FY 2006				First Named Invent	or A. Fred Hend	lrix		
Applicant clarins small entity status. See 37 CFR 1.27				Examiner Name	Broussard, C	orey M.		
TOTAL MOUNT OF PAYMENT		(\$) 1,060.00		Art Unit 2835				
				Attorney Docket No	. FOUND-0072	2 (034103-02	8)	
METHOD OF PAYMENT (check all that apply)								
☐ Check ☑ Credit Card ☐ Money Order ☐ None ☐ Other (please identify) :								
☐ Deposit Account Deposit Account Number: 50-1698 ☐ Deposit Account Name: Thelen Reid Brown Raysman & Steiner								
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)								
Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee								
Charge any additional fee(s) or underpayments of fee(s)								
Under 37 CFR 1.16 and 1.17 WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card								
information and authorization on PTO-2038.								
FEE CALCULATION	1							
BASIC FILING, SEARCH, AND EXAMINATION FEES  FILING FEES  SEARCH FEES  EXAMINATION FEES								
	ARCH FEES EXAMINAT  Small Entity Sr			Entity				
Application Type	Fee (\$	Small Entity ) Fee(\$)	Fee		_			Fees Paid (\$)
Utility	300	150	500		200	100	_	
Design	200	100	100	50	130	65		
Plant	200	100	300	150	160	80	)	
Reissue	300	150	500		600	300		
Provisional	200	100	0		0	0		
2. EXCESS CLAIM FEES								mall Entity
Fee Description Fee (\$)								Fee (\$)
Each claim over 20 (including Reissues) 50								25
Each independent claim over 3 (including Reissues)							00	100
Multiple dependent				60	180			
<u>Total Claims</u> <u>Extra Claims</u> <u>Fee(\$)</u>			Fee Paid (\$)			<u>lultiple De</u>	ependent Claims	
20 or	HP= <u>3</u>	×	<u>50</u> =	<u>\$150.00</u>			<u>Fee (\$)</u>	Fee Paid (\$)
HP = highest number	er of total claims	paid for, if greater	than 20.					
<u>Indep. Claims</u>	-	<u>Claims</u>	Fee(\$)	Fee Paid (\$)				
- 3 or I		×	=					
HP = highest number of independent claims paid for, if greater than 3.								
3. APPLICATION SIZE FEE								
If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer								
listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).								
Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$) Fee Paid (\$)								
- 100 = /50 = (round <b>up</b> to a whole number) x =								
								ees Paid (\$)
Non-English Specification, \$130 fee (no small entity discount)								
Other (e.g., late filing surcharge): RCE (790) 1 Mo. Ext. (120)								
SUBMITTED BY								
	1. 1/	de		Registration N	40 405		Talenhers	408-292-5800
Signature	1/~	VVV		(Attorney/Age	nt) 42,125		Telephone	400-292-3000

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.